

DENBIGHSHIRE EDUCATION COMMITTEE



ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

for the year

1960

M. T. ISLWYN JONES,

M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.,

Principal School Medical Officer.

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COMMITTEES

Education Committee

Chairman: Councillor E. P. K. Evans.

Vice-Chairman: Mr. D. B. Jones.

Members: All the members of the County Council.

Selected Members: Rev. R. A. Bowyer, Connah's Quay.
 Mrs. E. A. Cross, Marchwiell.
 Mrs. Christopher Davies, Wrexham.
 Rev. H. Cadnant Griffith, Abergele.
 Mr. J. Edgar Griffiths, Coedpoeth.
 Mr. Zabulon Griffiths, Wrexham.
 Mrs. S. E. Henry Hughes, Rhewl.
 Mr. D. B. Jones, Rhos-on-Sea.
 Mr. L. Stanley Jones, Denbigh.
 Mrs. A. E. Roberts, Cerrigydrudion.
 Mr. John Taylor, Cefn-y-Bedd.
 Mr. E. M. Williams, Wrexham.

Attendance and Medical Inspection Committee

Chairman: Alderman Mrs. Dorothy Dodd.

Vice-Chairman: Councillor Watkin Lloyd.

Members: All the members of the Education Committee.

Wrexham Area Divisional Executive Committee

Chairman: Alderman Edward Williams.

Vice-Chairman: Alderman Eric McMahon.

	Members
Composition: Chairman and Vice-Chairman of the Education Committee	2
Local Education Authority	10
Wrexham R.D. Council	8
Wrexham Borough Council ...	6
Co-opted Members	4
	—
	30
	—

FOREWORD

It gives me particular pleasure, on this occasion, to present the Annual Report on the School Health Service in Denbighshire for the year 1960, as it completes for me a decade, during which I have been privileged to serve the Denbighshire Local Education Authority. In retrospect, I would venture to state that it has been a fruitful period, when a great deal has been done for the health of the School Child in this County; and a comparison of the 1950 and 1960 Reports would emphasise the progress achieved.

In recent years doubts have been expressed as to the value of Routine Medical Inspection because the number of defects diagnosed has fallen steadily; but it is difficult to formulate a more effective method. In this County we have adhered to the old pattern but in certain schools a Pilot Scheme, introducing some variations, was initiated. According to the initial impressions, of all concerned, the less formal and more frequent visits to the schools are establishing a new relationship which augurs well for the future development of this Pilot Scheme.

Defective hearing, Visual and Speech Defects have received specialist treatment, and the various reports outline the enormous volume of work and the value of these services.

Much of the time of the School Health Service is devoted to immunising school children and during the past few years, a continuous effort has been made to ensure a good protection against Poliomyelitis. However, during 1960, owing to Television Publicity, there was a considerable demand for Diphtheria Immunisation. This was too good an opportunity to miss so the entire resources of the Department were concentrated on Diphtheria Immunisation until a high proportion of the school children had been immunised. When this drive has been completed I feel confident that the Diphtheria Immunity Index will have reached a safe level. In addition during the year it was feasible to launch a concerted drive against Tuberculosis. Pupils over 13 years of age were skin tested to find out whether they had been infected with Tuberculosis. Those who gave a Positive result were radiologically examined while those with a negative

response were offered B.C.G. Vaccination. All the senior pupils in Denbighshire should have been tested by the end of 1961.

One of the most important events of the year was the opening of St. Christopher's Day Special School for Educationally Sub-normal Pupils by Kenneth F. Thompson, Esq., M.P., the Parliamentary Secretary to the Ministry of Education. This magnificent new school was the realisation of the dreams of many years. The Alexandra Special School had been in existence since 1921 but the requirements far exceeded the capacity of the two classrooms that accommodated the school. This modern well equipped school for 100 pupils will, I am sure, go a long way towards resolving the needs of the educationally sub-normal children in the Wrexham District.

The opening of the Spastic Day Centre at the Maelor Hospital was another memorable event as it will provide treatment, training and education for a grievously handicapped group of children. This venture was the happy outcome of the closest possible co-operation between the Handicapped Children's Society, Wrexham, the Hospital Management Committee and the Local Health and Education Authorities.

The Child Guidance Service has passed through a difficult year as several of the staff have left and it has not been possible to engage replacements. The maintenance of standards has thrown a heavier load on the attenuated staff and their enthusiasm and devotion has been much appreciated. The plans for further extending this service will prove of inestimable value and I am sure that Gwynfa, when fully operative, will be invaluable in the investigation and treatment of emotionally disturbed children.

Several new schools were opened during the year and whilst approving generally of the vast improvement in accommodation, I can but query the advisability of the inclusion in the construction of so many large glass windows. The improvement in hygiene in schools is reflected in many ways and I am particularly pleased that this Authority has had the foresight to include hot water, soap and towels in all the new sanitary annexes and that in all schools the "Towel Master" Service has been installed. In addition this Authority has pioneered the introduction of the Tetra-Pak cartons for School Milk and I am confident that many more authorities will follow in due course.

In conclusion I would record my gratitude to pupils, parents, teachers, General Medical Practitioners, Hospital Consultants and the staff of the Local Education Authority for their co-operation; and particularly to the Deputy Principal School Medical Officer who has been principally responsible for the administration of the School Health Service and also the compilation of this report.

Finally I acknowledge my indebtedness to the Chairman, Alderman Mrs. Dodd and Vice-Chairman, Councillor Watkin Lloyd for their deep interest in the School Health Service.

M. T. ISLWYN JONES,

Principal School Medical Officer.

County Health Department,

16, Grosvenor Road,

Wrexham.

August, 1961.

STAFF

Principal School Medical Officer:

M. T. Islwyn Jones, M.D., B.S., M.R.C.S., L.R.C.P.,
D.P.H.

Deputy Principal School Medical Officer:

H. Mervyn Thomas, M.B., Ch.B., D.P.H., D.C.H.
(resigned 30/6/60).

School Medical Officers and District Medical Officers of Health:

W. McKendrick, M.D., D.P.H.

Margaret Jones-Roberts, M.B., Ch.B., D.P.H.

T. Kenrick Hughes, M.B., Ch.B., D.P.H.

R. Ellis Jones, M.B., Ch.B., D.P.H. (commenced
11/1/60).

School Medical Officers:

Sybil O. Edwards, M.B., Ch.B., D.P.H.

Avril J. Smith, M.B., Ch.B. (resigned 29/2/60).

D. Lloyd Williams, M.R.C.S., L.R.C.P.

John Williams, M.R.C.S., L.R.C.P.

Angela J. B. Smith, M.R.C.S., L.R.C.P. (commenced
1/3/60).

Edward S. Lovgreen, M.B., Ch.B. (commenced
1/4/60).

Gareth Williams, M.B., Ch.B. (commenced 8/8/60).

Principal School Dental Officer:

J. G. Roberts, L.D.S.

Assistant Dental Officers:

H. E. Fussell, L.D.S.

J. P. Reid, L.D.S.

N. A. James, L.D.S.

G. Marshall, B.D.S. (resigned 31/3/60).

R. H. N. Osmond, L.D.S., R.C.S. (part-time).

Consultant Orthodontist:

B. T. Broadbent, F.D.S., B.D.S. (part-time).

County Ophthalmologist:

Mary Rowland Hughes, M.B., Ch.B., D.O.M.S.

Speech Therapist:

Miss R. Stephens, L.C.S.T.

Superintendent Nursing Officer:

Miss W. M. Chune, S.R.N., S.C.M., H.V., Queen's Nurse.

Deputy Superintendent Nursing Officer:

Miss Eirlys Jones, S.R.N., S.C.M., H.V., Queen's Nurse.

Assistant Superintendent Nursing Officer:

Mrs. Laura Warne, S.R.N., S.C.M., Queen's Nurse.

School Nurses and Health Visitors

(As at 31st December, 1960).

Miss M. E. Bellis, Miss S. C. Evans, Miss Gladys Evans, Miss Ethel Edwards, Miss C. J. Davies, Miss E. Griffiths, Mrs. D. Guyton, Miss O. M. Hobson, Mrs. I. E. Garner, Miss K. Jones, Miss M. E. Jones (Coedpoeth), Miss M. E. Jones (Colwyn Bay), Miss Morfydd Jones, Mrs. G. Yorke Jones, Miss M. E. Jones (Wrexham), Mrs. K. Mills Jones, Miss E. Morus Jones, Miss A. E. Jones, Miss S. Jones, Mrs. E. Morris, Mrs. A. Martin, Miss E. J. Moss, Mrs. J. M. Molloy, Mrs. O. M. Prodger, Miss A. Vaughan Pugh, Miss M. Robinson, Miss M. R. Roberts, Miss B. E. Spence, Miss W. M. Tagg, Miss E. Walker.

Dental Attendants:

Mrs. M. Jarvis, Miss I. E. Sanderson, Mrs. J. Burton (resigned 30/11/60), Mrs. E. Williams, Miss H. Davies, Miss A. Jones, Miss V. Lewis.

Administration.

Senior Administrative Officer:

G. L. Britton, D.P.A., A.R.S.H.

Deputy Administrative Officer:

Gwilym Davies.

Senior Section Clerk:

David Davies.

Staff of the North Wales Child Guidance Service.

Consultant Psychiatrist:

E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin.),
L.R.S.P.S. (Glasgow).

Registrar in Psychiatry:

J. Aled Williams, M.C., Ch.B., D.Ch.

Senior Psychologist:

G. A. V. Morgan, M.A., Ph.D. (resigned Oct., 1960).

Psychologists:

H. Karle, B.A. (resigned Sept., 1960).

P. J. Macdonald, B.A. (commenced July, 1960).

Social Worker:

Mrs. V. Ford-Thomson (commenced Sept., 1960).

Report of the Principal School Medical Officer for the Year 1960

General School Statistics.

Total number of schools	...	...	...	...	195
Total school population	.....	...	...	...	28,760

Type of School	No. of Schools	No. of children in attendance
Primary School	168	16,921
Secondary Modern Schools	16	5,798
Secondary Grammar Schools	9	4,487
Bilateral	2	1,466
Special Schools:		
Llangwyfan Hospital Special School	1	28
St. Christopher's Special School for Educationally Sub-Normal Children, Wrexham	1	903

School Medical Inspections.

A. Periodic Inspections—inspections of the following groups:

- (1) School entrants—children in their first year of school attendance.
- (2) Second Age Group—children in their last year of attendance at a Primary School.
- (3) School leavers—children in their last year of compulsory school attendance.

B. **Additional Periodic Inspections** — inspections of the following groups:

- (1) Children of 4 years and 5 years of age who were examined previously as school entrants.
- (2) Children beyond their last year of compulsory school attendance (examined annually until they leave school).

C. **Re-inspections**—inspections of children requiring observation following previous periodic inspections.

D. **Special Inspections**—inspections of children referred by school teachers, parents and others, also absentees from previous periodic inspections.

Table No. 1.

Children Medically Examined at School.

Age Group	No. Examined
(a) Periodic Medical Inspection.	
Entrants	1412 2385
Second-age group	2144 2146
Leavers	1520 1780
(b) Additional periodic inspections ...	1287 1003
(c) No. of special inspections	609
(d) No. of re-inspections	2485
Total	<u>9547</u>

Nearly one-third of all the children in attendance at County Schools were examined at one or other of the Medical Inspections during 1960. Such a volume of work cannot be satisfactorily arranged without the help of teaching staff and it is, therefore, a pleasure to acknowledge their co-operation.

A Pilot Scheme, which would try to ensure a better system of school medical inspection and which would entail even closer working between teachers and medical staff, was introduced at three schools during the Autumn term. Briefly, arrangements are made in the scheme for more frequent regular visits by school nurse and doctor, in contrast to the present scheme where the visits to the school last much longer, but are also much less frequent. In this way, it is hoped that defects noticed by parents or teachers can be investigated and treated more readily. A report on this scheme will be submitted in the Annual Report for 1961, when a suitable time will have elapsed to show the gain or deficiencies of such a scheme.

It may be noted that in fact, fewer inspections have been made during 1960 than in previous years. This was, because most of the Autumn term was devoted to Diphtheria Immunisation. An account of this work is given later in the Report.

Table No. 2.

Analysis of defects found at Periodic Inspections during the year ended 31st December, 1960.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (incl. all other age groups inspected)	
		Entrants		Leavers		Requiring Treatment	Requiring Observation
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	1	28	—	26	4	136
5	Eyes:						
	(a) Vision	14	49	30	142	118	567
	(b) Squint	5	19	—	9	5	56
	(c) Other	—	5	—	7	—	29
6	Ears:						
	(a) Hearing	5	10	1	10	11	44
	(b) Otitis Media	2	26	—	8	2	72
	(c) Other	—	4	—	9	1	26
7	Nose and Throat	12	163	1	32	19	321
8	Speech	4	27	1	4	8	47
9	Lymphatic Glands	2	34	—	2	2	48
10	Heart	1	12	2	14	4	48
11	Lungs	—	28	—	11	2	90
12	Developmental:						
	(a) Hernia	—	1	—	—	2	2
	(b) Other	—	6	—	11	2	18
13	Orthopaedic:						
	(a) Posture	—	9	1	14	2	72
	(b) Feet	4	27	2	38	11	139
	(c) Other	2	21	—	24	4	85
14	Nervous System:						
	(a) Epilepsy	—	2	1	3	—	10
	(b) Other	—	6	1	1	2	12
15	Psychological:						
	(a) Development	—	7	—	3	1	22
	(b) Stability	—	12	—	2	1	27
16	Abdomen	—	3	—	4	1	17
17	Other	—	10	—	11	—	57

Table No. 3.

Analysis of Defects found at Special Inspections during the year ended 31st December, 1960.

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	1	8
5	Eyes:		
	(a) Vision	23	59
	(b) Squint	2	3
	(c) Other	—	4
6	Ears:		
	(a) Hearing	2	5
	(b) Otitis Media	1	5
	(c) Other	1	4
7	Nose and throat ..	1	28
8	Speech	1	22
9	Lymphatic Glands.	—	5
10	Heart	—	7
11	Lungs	2	15
12	Developmental:		
	(a) Hernia	—	2
	(b) Other	1	4
13	Orthopaedic:		
	(a) Posture	5	14
	(b) Feet	1	20
	(c) Other	3	12
14	Nervous System:		
	(a) Epilepsy	—	6
	(b) Other	—	8
15	Psychological:		
	(a) Development	2	27
	(b) Stability	1	7
16	Abdomen	—	5
17	Other	—	7

Cleanliness.

Last year's reduction in the number of children found to be infested with nits and headlice has been maintained. Fortunately, this is not merely due to fewer inspections being carried out. 43,842 Inspections and Re-inspections were carried out by School Nurses, 1,658 more than last year. 986 children were found infested and this number is equivalent to 3.4 per cent. of the total number of attendance.

Inspections for infestation take up a great deal of the time of the school nurse which could be used to greater advantage on other projects. However, the number of cases of infestation is still much too high and there would be a danger of an increase in infestation if the present system of inspection were relaxed.

Defective Hearing.

Audiometry has continued to prove useful in the accurate assessment of hearing defects. A second audiometer was purchased in May, 1960, for use in the Western side of the County. All school nurses have been undergoing instruction in the proper use of this valuable aid.

It has not been possible to conduct any routine "sweep" testing as was done last year. 105 children were given individual audiometric tests and of these, 26 were referred to Hospital Consultant Clinics and 32 were kept under observation. These figures show that although the number of tests done was less than last year, the number of children found to require hospital investigation was doubled. This probably means that a more profitable use has been made of audiometry.

The ascertainment of hearing defects is very important when assessing backward children. It was found possible to arrange for more of these children to be tested with the audiometer, and it is hoped that all children ascertained as Educationally Sub-normal will very soon have an Audiometric test as a routine part of the examination.

Table No. 4.

**Diseases of the Ear, Nose and Throat
Pupils Treated in Hospital.**

	No. of pupils treated
A. Operative Treatment:	
(1) Diseases of the ear	10
(2) Adenoids and chronic tonsilitis	230
(3) Other nose and throat conditions	43
B. Other forms of treatment	97
Total	380

Visual Defects.

Routine vision testing is carried out at the time of the periodic school inspections and also when a child is referred for special medical inspection. Additional routine testing of the 7+ age group has also been started during the year. It is hoped that we will be able to test the 12+ age group as well, in the future.

Treatment of Ocular Defects.

Consultative Clinics are held by the County Ophthalmologist at the various County Clinics at Wrexham, Chirk, Denbigh, Llanrwst and Colwyn Bay and also under the hospital service.

Table No. 5.

Treatment of Eye Defects at County Consultative Clinics.

Clinic	Number of Sessions	No. of Individual Cases Seen	Total No. of Attendances	No. Pres. with Glasses	No. Discharged
Chirk	51 18	7 94	154	112	21
Denbigh	23	105	203	61	14
Llanrwst	18	109	206	48	29
Wrexham	20	103	310	56	30
Colwyn Bay	20	134	313	64	26
Totals	94	440	1286	299	144

It will be noted from the table below that over the past three years there has been a progressive increase in the number of pupils dealt with under the hospital service, due to the extension of facilities available at the Maelor General Hospital, Wrexham. It is still essential, however, to maintain refraction clinics under the School Health Service if the demand for treatment is to be met adequately.

The County Ophthalmologist, Dr. Mary Rowland Hughes reports as follows:—

“School Eye Clinics have been held regularly in Wrexham, Denbigh, Colwyn Bay, Llanrwst and Chirk in school term and have been well attended by school children and a few children of pre-school age. Glasses have been prescribed at a very early age which improves the sight of the child as he or she grows up. Other treatment, such as occlusion is given where necessary, and some cases of strabismus, and two cases of retinal detachment, have been referred to hospital consultants. Orthoptic treatment is available through the hospital services in all areas and many children have benefited.

The health visitors continue to bring forward cases suspected of visual defects with great industry, and of course the younger these children are seen, the better is the ultimate vision likely to become.”

Table No. 6.**Treatment of Eye Defects**

	No. of Pupils treated by Hospital Service		
	1958	1959	1960
No. treated	897	1446	1672
No. for whom spectacles were prescribed	401	473	673

Speech Therapy.

A large number of children in the County are still awaiting treatment at the Speech Therapy Clinics. Unfortunately the position is unlikely to improve due to the shortage of staff. An additional post has been advertised but without success. The longest waiting list is in East Denbighshire and consideration is being given to a further re-allocation of clinic time, in an endeavour to meet the heavy demand in this area:—

Miss R. Stephens the County Speech Therapist reports as follows:—

“ Since Mrs. Masters left the district at Christmas, 1959, there remains only one Speech Therapist in the County—an additional post has been advertised for some time, to no avail as yet.

Clinics have been held in Colwyn Bay, Wrexham, Abergele, Llanrwst and Denbigh and the attendances have been very satisfactory. Most patients attended for a half-hour clinical session weekly.

While working single-handed, one necessarily has to be discriminating in the admission of patients. The more severe cases have been given priority.

Since the patients admitted have usually been waiting some time for treatment, the habit factor is generally well-established so that treatment may often be of a lengthy duration; every effort is being made to reduce the long waiting list as quickly as possible.

Prophylactic measures have been carried out by means of visits to Schools and Training Centres and by arranging preliminary interviews with parents to give them advice in dealing with their young speech defective children. In this way it is hoped that many potential patients may be given a good chance to improve their condition.

When Speech Therapy was contra-indicated and also sometimes as a preliminary to treatment, arrangements for referral to appropriate Specialists have been made, as it is felt that it is important to have accurate diagnoses at the earliest possible opportunity.

Home Visits have proved a very valuable aid to the Therapist/Patient rapport and have given a clearer picture of environmental circumstances.

The kind help and ready co-operation of the Medical, Administrative and Teaching Staffs of the County and of the members of the Paediatric Unit at the Maelor General Hospital is gratefully acknowledged and has been of immense value in expanding this service."

Table No. 7.

Analysis of work performed by the Speech Therapist.

Clinic	No. of Half-day Sessions	No. of New Cases treated	No. of Cases treated (total)	No. of Cases interviewed but not requiring treatment	No. of Cases Discharged	No. of Cases awaiting treatment
Wrexham	108	17	20	7	6	12
Colwyn Bay	100	2	12	5	16	24
Llanrwst ...	84	10	17	8	4	3
Denbigh	70	12	14	6	12	25
Abergele ...	84	10	23	6	1	9
Total	446	51	87	50	39	73

No. of Visits to Schools 60 No. of Home Visits ... 34

Analysis of New Cases

Defects of Organic Origin		Defects of Functional Origin	
(a) Cleft Palate	8	(a) Stammerers	9
(b) Spasticity	1	(b) Dyslalia	21
(c) Deafness	—	(c) Dysphonia	4
(d) Dysphonia	—	(d) Sigmatism	7
		(e) Others	—

Mortality among Schoolchildren.

Deaths of Schoolchildren, showing Cause, Sex and Age.

Cause	Sex and Age	Total
1. Accidents:		
(a) Road	Male 10 years	} ... 2
	Female 10 years	
(b) Home (Fractured Skull) ...	Male 5 years	1
(c) Drowning	Male 5 years	} ... 2
	Male 4 years	
		— 5
2. Cancer:		
(a) Reticulum Cell Sarcoma	Male 17 years	1
(b) Retinoblastoma ...	Female 10 years ...	1
(c) Cerebral Tumor ...	Male 6 years	1
(d) Acute Leukaemia ...	Male 10 years	1
		— 4
3. Infection:		
(a) Acute Encephalitis ...	Male 6 years	1
		— 1
4. Heart Disease:		
(a) Complication of Heart operation ...	Male 16 years	1
		— 1
		—
	Grand Total	11

There were 11 deaths among schoolchildren in 1960, 4 less than in 1959, but nearly one-half of these (5 deaths) were accidental and therefore **preventable** deaths. Four of the 5 accidental deaths were in boys, a four year old, two 5 year olds and a ten year old. The fifth death was a ten year old girl.

The two deaths from Road accidents, occurring in the two 10 year old children, emphasise the need for a continuing campaign for Road Safety among children who must learn how to survive the hazards of modern traffic conditions.

The two deaths from drowning show how imperative is the need for constant supervision of children by responsible persons wherever the presence of water brings a risk of fatality. The two deaths, a four year old and a five year old, occurred in rather unusual locations and draws our attention to the fact that places other than sea, lake or canal may be the means of death by drowning.

The death of a 5 year old boy from fractured skull after an accident at home shows again the essential need for education of the public on matters of Home Safety.

Infectious Diseases.**Table No. 8.**

Incidence of Notifiable Infectious Diseases (excluding Tuberculosis) affecting Schoolchildren during 1960.

Disease	No. of Cases
Whooping Cough	59
Measles	1123
Scarlet Fever	52
Pneumonia	4
Dysentery	14
Food Poisoning	2
Meningococcal Infection	1
Total	1255

Measles.

There was a high incidence of Measles in Denbighshire during 1960. The last 2 years have been relatively free from measles epidemics and it is the usual pattern that a free period is followed by one of high incidence. The epidemic seems to have started on the Western Side of the county during the summer but began reaching its peak on the Eastern side later during the Autumn Term.

Vaccination against Smallpox.

80 Pupils were given primary vaccination and 41 were re-vaccinated.

Immunisation against Diphtheria.

It will be recalled that there were outbreaks of Diphtheria amongst children in Derby and Liverpool during September, 1960. It was, therefore, decided that there should be a campaign to ensure that children in Denbighshire Schools were adequately protected by immunisation. From October, routine School Medical Inspections were postponed and the resources of the School Health Department were concentrated on arranging visits to schools for the purpose of giving the necessary injections.

251 pupils completed a primary course, a further 3,341 started a primary course and 14,154 received booster doses. It is unfortunate, but true that an outbreak of the disease has been necessary to stimulate the parents of over 3,000 schoolchildren to seek immunisation against Diphtheria, when this protection should be first obtained before the child is a year old.

Vaccination against Poliomyelitis.

3,154 children received third injections and 509 completed a course of 2 injections during 1960. A grand total of 23,468 schoolchildren in Denbighshire have received a course of 3 injections since the commencement of the Polio Vaccination Scheme.

Tuberculosis.

Table No. 9.

Incidence of Tuberculosis in Schoolchildren.

	No. of Notified Cases					
	1955	1956	1957	1958	1959	1960
Pulmonary	16	8	10	4	6	10
Non-Pulmonary	6	6	9	1	2	1
Total	22	14	19	5	8	11

There is a further increase in the number of Tuberculosis notifications as compared with the last 2 years, although the position is still much better than that in 1955. This however, gives no cause for complacency and still more vigorous action is being taken to trace and treat the hitherto unknown and potentially infectious patients in the community.

Table No. 10.

The following table shows the distribution of the cases of pulmonary tuberculosis notified, according to Age, Sex and Area.

Area	Age and Sex											
	5 yrs.		7 yrs.		11 yrs.		12 yrs.		15 yrs.		16 yrs.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Wrexham R.D.	—	—	—	—	—	1	—	—	—	—	1	—
Wrexham Borough .	—	—	—	—	—	—	1	—	3	—	—	—
Denbigh Borough ..	—	—	—	—	—	—	—	—	1	—	—	—
Hiraethog R.D.	2	—	1	—	—	—	—	—	—	—	—	—

The figures are rather small for analysis but it is interesting to note the following features of the table. Of the 10 cases of Pulmonary Tuberculosis notified, 6 are children of Secondary School and 4 of primary school age. Three of the 4 primary school age children were all from the same family and were discovered by investigation of the family after the mother had been diagnosed as suffering from Pulmonary Tuberculosis. The distribution by sex is 9 boys and 1 girl, by area, 6 are from the Eastern and 4 from the Western side of the County.

B.C.G. Vaccinations carried out during 1960.

A B.C.G. Vaccination Scheme fulfils 2 purposes; it ensures that secondary schoolchildren have some protection against Tuberculosis before they leave school and also affords an opportunity of tracing the sources of infection to which those children, found positive to the skin test, have been exposed.

The scheme involves the initial Mantoux testing of the children using the Heaf Multiple Puncture Technique.

At the second visit to the School the result of the test is recorded. All the negative reactors are vaccinated with Glaxo Freeze Dried B.D.G. Arrangements are made for all positive reactors to be x-rayed. Their adult family contacts are advised to attend the M.M.R. Unit (Mass X-ray) and child contacts under 15 are skin-tested and if positive, x-rayed.

No post B.C.G. skin testing is carried as it has been shown that the conversion rate to be expected is as high as 97.9 per cent. (Irvine B.M.J., Oct., 1958, Memo. 322/BC7 Revised 1958).

During 1960, as is shown in Table No. 11, 13 Schools were visited, 2,820 children were skin tested and 2,097 were given B.C.G. Vaccination. 578 children were positive on skin testing and their families were advised M.M.R. examination for adults and skin testing for the children under 15. The proportion of consents for B.C.G. has varied from school to school from as low as 46 per cent. up to 84 per cent.

I think that B.C.G. Vaccination will be more readily accepted in the future now that more parents have seen that the procedure is free from ill-effects.

B.C.G. Vaccinations.**Table No. 11.**

School	No. Tested	No. Positive	No. Negative	No. Vaccinated
Grove Park Boys, Wrexham ...	386	101	281	281
Grove Park Girls, Wrexham ..	395	108	286	277
Ruabon Grammar Boys	208	50	157	157
Ruabon Grammar Girls	190	44	142	142
Acrefair County Secondary ...	295	34	249	249
Bryn Offa County Secondary, Wrexham	264	46	196	196
Grammar/Technical, Wrexham	287	51	219	219
St. Joseph's County Secondary, Wrexham	88	22	64	64
St. Christopher's Special, Wrexham	25	6	19	19
Llangollen Bilateral	213	23	188	188
Colwyn Bay Grammar	205	41	130	130
Colwyn Bay County Secondary	158	27	96	96
Abergele County Secondary ..	106	25	79	79
Total	2820	578	2106	2097

Milk in Schools.

During the Autumn Term, 1959, a scheme was introduced for the supply of milk in Tetra-pak cartons to the 79 schools in the Eastern area of the County. During 1960 the Headteachers were asked to give their comments on the method of distribution. There were many who were not entirely in favour of this new method and who pointed out the disadvantages, such as the difficulty of opening and handling of the cartons, and the disposal of the empty cartons. However, a majority were in favour of the Tetra-pak

cartons because of the advantages of hygiene, freedom from broken glass and foreign bodies and easier distribution.

Medical Examination of Staff.

The medical examination of persons appointed to the staff of the County Council is a major duty undertaken by the medical officers. With regard to teaching staff entering the profession for the first time and to students resident in the County entering Teachers' Training Colleges, there is a statutory obligation on the Education Authority that each one be medically examined by a school medical officer. In addition, members of the school canteen staffs in the County are medically examined annually as a matter of routine.

During the year 169 teachers, 126 students and 301 school canteen workers were medically examined.

Employment of Schoolchildren.

The Education Act, 1944 (Section 59) provides that if in the opinion of the Local Education Authority any pupil is being employed in a manner likely to be prejudicial to his health or render him unfit to obtain full benefit of the education provided for him, the Authority may prohibit or impose such restrictions on his employment as they consider necessary in the interests of the child.

During the year 47 pupils were medically examined in this connection but none was rejected on medical grounds.

Sanitary Conditions of Schools and School Canteen Premises.

		No.
Schools.		Unsatisfactory
Ventilation		1
Lighting		4
Heating		6
Sanitary Accommodation		2
Clothes Drying Facilities		17
School Canteens.		No.
		Unsatisfactory
Ventilation		3
Lighting		2
Sanitary Accommodation		2
Cleanliness		1

Schools and school canteen premises throughout the County were inspected by the School Medical Officers whose observations are summarised above.

The Director of Education is notified of any defects in school and school canteen premises if they appear to be of immediate danger to the health of pupils and staff.

The Handicapped Child.

The School Health Service has a most important part to play in ensuring that children, suffering from handicaps which are likely to interfere with their education, are given the special educational treatment suitable to their needs.

In many cases, special educational treatment, to be effective, must be instituted at an early age and thus the early recognition of handicapped children and recommendations as to their educational requirements are counted as highly important functions of the School Medical Service.

The School Medical Officer, having full knowledge of the medical aspects of the child's handicap and knowing the conditions in the home, must decide which of the following forms of special educational treatment is to be recommended:—

- (a) Admission to a special residential school.
- (b) Admission to a special day school.
- (c) Special educational treatment at an ordinary school.
- (d) Home tuition.

Table number 12 shows the number of children in each category who are receiving special educational treatment at special schools. It was considered that it would be of interest to give some information about the progress of a few of the 61 handicapped pupils who were receiving education at special residential schools at the end of the year.

Sex	Age	Category	Date of Admission	Progress
M.	8	Blind	24/9/58	Is a member of the Cub Pack. Making good progress at school.
F.	10	Blind	Nov., 1955	Not making the progress she should at the moment—has tended to retire into herself too much.
M.	11	Partially Blind	21/9/59	A nice child who is working up to his capacity but is behind most of his classmates. He is a good worker and will do what he can.
F.	13	Partially Blind	10/9/57	Conscientious worker. Continues to progress but long absence this term has held up her work.
M.	14	Deaf	17/1/56	Works well in all school activities. Progress rather slow but consistent with his ability.
F.	16	Deaf	26/4/49	Co-operative in all activities and is making satisfactory progress.
M.	7	Partially Deaf	22/9/58	His progress has been satisfactory.
F.	13	Partially Deaf	12/1/54	Works and plays hard. She seems more confident in her own ability and is making good progress. Well marked improvements.
M.	12	Educationally Sub-normal	6/1/59	Very satisfactory progress in reading and shows distinct ability in Art and Craft. Tries hard and always shows interest in the work. It is felt that this child is progressing to the maximum of his ability.

Sex	Age	Category	Date of Admission	Progress
F.	11	Educationally Sub-normal	13/9/60	Rather a quiet reserved child but seems to have settled down satisfactorily. Has improved considerably in her attitude to her lessons. She seems no longer afraid to tackle work even if she is not sure of it.
M.	14	Epileptic	17/6/59	Pleasant. Sound worker. Sense of humour. Character improved remarkably. Progress very good.
F.	13	Epileptic	7/2/57	A neat and careful worker; enjoys games and takes an active part. Quiet and well behaved. Works slowly but carefully.
M.	12	Maladjusted	24/1/60	He has worked more persistently this term and the days on which he cannot work have been much fewer. He has been much more helpful in the classroom. Considering his state at the beginning, he is much less a burden to himself and others and therefore, more easily accepted by all, with the result that he himself is less tense and shows more self-confidence.
F.	13	Maladjusted	29/11/59	This child is more robust physically and improvement in quality is beginning to show in her academic work.
M.	11	Physically Handicapped	16/11/59	Still plods along making progress, but only slowly. Appears happier, better adjusted and more alive. Good disposition. Co-operative patient.
F.	7	Physically Handicapped	22/5/59	Continues to make the most she can of her life in school. A co-operative patient.

Table No. 12.

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes.

	(1) Blind	(2) Partially Sighted.	(3) Deaf	(4) Partially Deaf	(5) Delicate	(6) Physically Handicapped	(7) Educationally Sub-normal	(8) Maladjusted	(9) Epileptic	(10) Speech Defects	(11) Total —
In the calendar year ended 31st December, 1960.											
(a) Handicapped pupils newly placed in Special Schools or Homes	—	1	—	1	—	1	40	2	1	—	44
(b) Handicapped pupils newly ascertained as requiring education at Special Schools or boarding in Homes	—	—	—	1	1	—	388	4	1	1	394

Number of children reported during the year:

- (a) Either under Section 57 (3) (prior to 1/11/60) or under Section 57 (4) (from 1/11/60) 109
- (b) Under Section 57 (5) prior to 1/11/60 3
- (c) How many decisions that a child is unsuitable for education at school have been cancelled under Section 57 (A(2)) —

Handicapped Pupils requiring Education at Special Schools or Boarding in Boarding Homes. (continued).

	(1) Blind	(2) Partially Sighted.	(3) Deaf	(4) Partially Deaf	(5) Delicate	(6) Physically Handicapped	(7) Educationally Sub-normal	(8) Maladjusted	(9) Epileptic	(10) Speech Defects	(11) Total —
(c) Number of Handicapped Pupils for the area:											
(1) attending maintained special schools:											
(i) Day pupils	1	1	1	1	1	1	40	1	1	1	40
(ii) Boarding pupils	1	5	1	1	1	1	5	1	1	1	5
(2) Attending non-maintained special schools:											
(i) Day pupils	1	5	1	1	1	1	17	1	1	1	33
(ii) Boarding pupils	1	1	4	6	1	2	1	1	3	1	19
(3) Attending independent schools under arrangements made by the Authority	1	1	1	1	1	1	1	1	1	1	9
Total (c)	2	6	4	6	5	5	83	11	4	1	126

Special School Transport.

The Authority provides special transport to and from School for any child who for reasons of health is considered unfit to travel by other means, and who otherwise would be ineligible to be conveyed at the expense of the Authority.

Table No. 13.

Analysis of Cases on Special School Transport Register as on 31/12/60.

Nature of Cases	No. of cases where transport likely to be Temporary	No. of cases where transport likely to be Permanent
Cerebral Palsy	—	2
Strabismus	1	—
Paralysis due to poliomyelitis	4	—
Asthma	2	2
Bronchiectasis	—	1
Post operative debility	1	—
Congenital deformity of feet .	1	1
Muscular Dystrophy	—	1
Rheumatic Heart	1	—
Neuromuscular Sphincter abnormality	—	1
Epilepsy	—	1
Congenital Heart Disease	1	1
Fractured Patella	1	—

Tuition in Hospital.

Hospital tuition, although a small part of the education system, continues to play a very important part in the education of children admitted to hospital, particularly those who are in-patients for long periods. It is an example of good co-operation between the Hospital and Education Authorities.

Mrs. Mitchell, the new Tutor for children admitted to the Maelor General Hospital, was appointed at the end of 1959, and she has given the following comments in the first year of her work in the wards:—

“I have pleasure in presenting my first annual report as tutor in charge of the above unit.

No tuition is given unless the child is declared well enough by the hospital staff. Tuition is entirely individual and age groups vary from 5 years to 14 years.

During the year, pupils from Primary, Secondary Modern, Grammar, Grammar Technical, and Public Schools have been taught.

There have been some pupils who have been in from three to twelve months, and naturally these patients have received more attention to ensure that satisfactory progress is maintained as much as possible under the circumstances. Hospital teaching has proved most beneficial to these patients.

I am happy to report that I have had every co-operation from Dr. E. G. Gerald Roberts, Consultant Paediatrician, the hospital staff and Mr. D. E. Ellis, Divisional Education Officer.”

Home Tuition.

Home Tuition is a service which provides for the education of children with varying handicaps. There are some awaiting admission to special residential school, some who have been recommended for residential schooling whose parents do not wish their handicapped child to go away from home, and others who have temporary defects which make them unfit for school for only a relatively short period but who would nevertheless fall behind in their educational progress if deprived completely of formal teaching.

There was a decrease in the number of children (50 in 1959 to 38 in 1960) receiving home tuition. Several of the cases terminated during the year were introduced gradually to full-time schooling under the supervision of the School Medical Officer.

On the 31st December, 1960, there were 16 pupils registered for Home Tuition and throughout the year home tuition was provided for a total of 38 pupils.

Educationally Sub-normal Children.

The very important event of the opening of a new Special Day School in Denbighshire occurred during the year. St. Christopher's School admitted its pupils for the first time at the commencement of the Summer Term, 1960, and was officially opened on the 4th October, 1960, at a ceremony in the school hall by Kenneth P. Thompson, Esq., M.P., Parliamentary Secretary to the Ministry of Education.

18 children were transferred from the old Alexandra Special School to St. Christopher's and in addition 47 pupils were admitted from schools in the Wrexham area during the year. Thus there were a total of 65 pupils in attendance at the end of the year. The school is planned for 100 pupils and it is expected that it will soon be fully occupied.

Children are admitted to the school only after a very thorough assessment. Headteachers of local schools submit a detailed report about children they consider to be educationally retarded to the Principal School Medical Officer, who arranges for an examination and formal ascertainment. The Medical Officer's recommendations are then put before the "Admission Case Panel" comprised of the Head Teacher of St. Christopher's School, The Director of Education, Child Psychiatrist and Principal School Medical Officer or their representatives.

During the year under review 29 children were formerly ascertained as Educationally Sub-normal and requiring places in special schools. Of this number 20 were in fact placed in Special Schools. There are now a total of 128 children in Denbighshire ascertained as Educationally Sub-normal which is roughly 4 per 1,000 of the total school population. A total of 83 children are attending special schools, 65 at St. Christopher's Day Special School and 18 at various residential special schools.

Children unsuitable for Education at School.

The Mental Health Act, 1959, by amending the Education Act, 1944, introduced certain changes in the law relating to children who suffer from a disability of mind which makes them unsuitable for education at school.

These changes are largely based on the recommendations of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency. Their effect is broadly to extend the rights of parents, to alter legal procedure in some respects and to simplify some of the administrative arrangements.

Section II of the Mental Health Act substituted new sections for Section 57 of the Education Act, 1944. The new sections are concerned with children who are "unsuitable for education at school." This phrase replaces the words "incapable of receiving education at school" and children should not be declared "ineducable."

Among the other changes, many of which are of a technical nature, is one which gives a parent a new right to request a review by the Local Education Authority of their decision, and a right of appeal to the Minister where, after review, the authority decide that the child is still unsuitable for education at school.

Hitherto under Section 57 (5) it has been a statutory requirement that the Local Education Authority should issue a formal report that a child, about to leave school, might require statutory supervision under the Mental Deficiency Act. Provision for persons who require care on the grounds of mental subnormality is now made under Section 28 of the National Health Service Act and "Statutory Supervision" under the Mental Deficiency Acts no longer exists. Although statutory reports will, therefore, no longer be issued, Local Education Authorities can pass on to Local Health Authorities information on school leavers who they think will require friendly guidance. It is no longer essential for the information to be passed to the Local Health Authority while the pupil is of compulsory school age.

During the year 10 children were reported to the Local Health Authority under Section 57 (3) (prior to 1/11/60) or under Section 57 (4) (from 1/11/60) details of whom are as follows:—

Age	Whether boy or girl	Remarks
6 years	boy	Grossly retarded and unsuitable for trial at school.
6 years	girl	Grossly retarded and unsuitable for trial at school.
6 years	boy	Grossly retarded and unsuitable for trial at school.
6 years	boy	Grossly retarded and unsuitable for trial at school.
7 years	boy	Grossly retarded and unsuitable for trial at school.
8 years	boy	I.Q.57—Attended school for 2 years 9 months.
9 years	girl	Given trial at school for 6 weeks. Grossly retarded.
13 years	boy	I.Q.57—Attended school for 9 years.
15 years	boy	I.Q.58—Attended school for 10 years.
15 years	boy	Attended ordinary school for 2 years and special residential school for maladjusted children for 4 years 10 months.

3 children were reported to the Local Health Authority under Section 57 (5) of the Act, as requiring supervision after leaving school.

Physically Handicapped Children.

In February, 1960, a Centre for the care of Spastic Children was opened in the grounds of the Maelor General Hospital, Wrexham. A Voluntary body, the Wrexham Handicapped Children's Society supplied funds for the provision of an approved building and special equipment and the Welsh Regional Hospital Board undertook the responsibility for specialist and auxiliary staff and building maintenance. Teaching and transport for the children who

attend the Centre daily is provided by the Education and Health Committees of Denbighshire and Flintshire. On 17th November, 1960, the Spastics Unit was visited by Her Royal Highness the Duchess of Gloucester. This addition to the facilities for the investigation, treatment and care of handicapped children is most welcome and great tribute must be paid to the enthusiasm and practical achievement of the Handicapped Children's Society.

Mrs. Davies, the Tutor at the Unit, gives five hours tuition per day which is shared between Denbighshire and Flintshire children. Mrs. Davies reports that teaching is given to 2-3 children at the same time but each individual child receives the type and amount of tuition best suited to his particular needs. The Unit will cater for about 15 children and in December, 1960, 10 children were in attendance. Five Denbighshire children were receiving tuition.

5 Denbighshire children are away at special boarding schools for physically handicapped children, 1 being newly placed during the year. Of the 7 who were receiving Home Tuition at the end of the year, 3 have parents who have decided not to accept the offer of a boarding school vacancy.

Many children with varying degrees of physical handicap are attending ordinary schools and there is much to be said for encouraging this whenever possible. Head Teachers and their staffs deserve great praise for their willingness to help these handicapped children by giving them every special consideration possible.

Epileptic Children.

There are only four Denbighshire pupils at a special boarding school for epileptics. There are, however, 60 pupils in the County attending ordinary schools and known to be under treatment or observation for epilepsy. With the advent of modern drugs for the control of seizures, these children are able to enjoy normal school activities almost entirely free of restriction. The teaching staff of each school, however, have been made fully aware of their condition so that they are protected from potentially dangerous physical activities such as swimming and climbing heights.

Maladjusted Children—Child Guidance Service.

During the year 94 children were referred because of their disordered behaviour to the Child Guidance Service for investigation and treatment.

9 Denbighshire pupils attend special boarding schools for maladjusted children; 4 were newly placed during 1960.

Maladjusted children are probably the most difficult to ascertain and treat efficiently and it is, therefore, very gratifying to know that the North Wales Child Guidance Service is to be augmented by the appointment of additional psychologists and by the establishment of a special Hospital Unit for investigation and treatment of the children as in-patients.

Dr. E. Simmons, Director of the North Wales Child Guidance Service, reports as follows:—

“ The work of the clinics as far as its basic working principles are concerned has continued as hitherto. Unfortunately, due to our inability to replace staff who had left, a reduction in our activities was unavoidable. This is reflected in the figures of attendance at clinics and of visits paid.

The shortage of Psychiatric Social Workers is particularly disconcerting and one would like to draw the attention of Head Teachers, Youth Employment Officers and University Teachers to the fact that this shortage is country-wide and likely to become more acute in the coming years. They might encourage suitable students to take up social work and seek the further training required for psychiatric social work.

It was possible to maintain the School Psychological Service at a satisfactory level but no additional work could be undertaken. The Child Guidance Sub-Committee recommended an increase in the establishment of Psychologists by two, and suggested that they might be employed by the five Local Education Authorities on the Soulbury Scale of salaries and seconded to the Clinic Service, to be responsible to and work under the direction of its Medical Director. The Management Committee accepted these points and recommended their transmission to the Authorities concerned. At the end of the year it seemed likely that the Local Authorities would accept the proposals but as final replies were not to hand no further action could

be taken. It is hoped that the matter will be pursued as one of urgency early in the New Year.

"Gwynfa" (formerly the "White House") a large modern building in Upper Colwyn Bay was acquired by the Regional Hospital Board for use as a residential centre for the investigation and treatment of emotionally disturbed children. It is intended to open the centre during the first half of 1961, to admit boys and girls up to ages 11 or 12. A training course for "workers with maladjusted children," at the successful conclusion of which the Regional Hospital Board will award a "Certificate of Competence" is being arranged in co-operation with Lecturers from the Departments of Education and Psychology, University College, Bangor. It is hoped to attract well educated and temperamentally suited candidates and thus provide for them an opportunity to enter a rapidly expanding and most important field of work.

The research project which aims to develop a standardized intelligence test for Welsh speaking children was carried close to its declared aims as the originally allotted period of 3 years came to its end in September. We were able to secure an extension of one year to allow the scope of the new test to be enlarged to include children up to school leaving age.

The year 1960 was marked by considerable difficulties arising from serious staff shortages. Fortunately, the position improved towards the end of the year and we could look forward to 1961 with reasonable confidence of further additions to our staff and a corresponding increase in our ability to meet the still rising demands made on the service.

The goodwill towards our work which we have met everywhere has been most encouraging. I personally, am most grateful for your support at all times."

Table No. 14.

North Wales Child Guidance Clinics
Number of Referrals received during 1960 (Denbighshire)

Name of Referring Agency	Number of Referrals
School Medical Officer	25
General Practitioners	23
Consultant Paediatricians	11
Other Medical Specialists	2
Courts and Probation Officers ...	3
Other Social Workers	2
Parents	4
Children's Officer	20
Head-teachers	4
Waiting list on 31/12/60—19	94

Child Guidance Clinic

A "Child Guidance Service" is provided in conjunction with the Regional Hospital Board and 2-4 sessions are held weekly.

The following table gives details of the staff.

Table No. 15.

Staff of Centres	(a) Number Colwyn Bay and Wrexham	(b) Equivalent in number of whole-time Officers *	
		Wrexham	Colwyn Bay
(a) Psychiatrists	2	3/11	3/11
(b) Educational Psychologists	2	2/11	3/11
(c) Psychiatric Social W'ker	1	2/11	3/11
(d) Child Psycho- Therapist	—	—	—
(e) Others	—	—	—

* 11/11ths are given to represent "full-time" in the National Health Service.

Table No. 16.

Number of Denbighshire Children and Parents interviewed at Clinics during 1960.

Clinic	No. of Individual Children *	Attendances									
		Psychologist								P. S. W.	
		First				Further				First	
		C.	P.	C.	P.	C.	P.	C.	P.	P.	P.
Wrexham .	80	35	35	111	94	47	3	19	5	18	8
Colwyn Bay	30	10	10	23	7	13	5	14	16	2	1
Rhyl	10	7	9	22	29	7	2	8	—	5	8
Shotton	1	1	—	4	—	—	1	—	4	—	—
	121	53	54	160	130	67	11	41	25	25	17

* "C"—child; "P"—parents or guardians.

Table No. 17.

Number of Visits during 1960.

Psychiatric Social Worker		Psychologist	
Home Visits	Visits to other Social Workers	School Visits	Visits to other Social Workers
11	—	43	4

Report of the Principal School Dental Officer

A most disappointing year, further reduction in the Dental Staff caused a contraction in the Service offered. This was especially noticeable on the East side of the County.

The outlook is far from bright as there is a national shortage of dentists and the salaries offered in Local Government do not encourage young dental surgeons to take up School Dentistry as a career. I would bring to your notice a Pilot Scheme (now in its half-way stage), to train girls to do some of the work done at present by the Dental Staff, this, if successful, will eventually relieve the staff of certain routine work, leaving more time for the more serious and complicated work. However, it will be at least another two years before we can look forward to this help. In the meantime it leaves us struggling on doing our utmost to relieve all oral sepsis and so play our part in maintaining the health of the school-child.

The one bright spot is the Orthodontic Service, which grows from strength to strength, although the waiting lists grow longer and longer. It is hoped that in the coming year the Committee will agree to proposals about to be put forward to employ additional help for this Service.

Staff.

Mr. Marshall terminated his services on the 31st March, 1960, in order to take up Private Practice in Wrexham. So far it has not been possible to replace him.

The sad loss of the Senior Dental Nurse, Mrs. M. S. Jarvis, who died on the 1st January, 1961. For many years she had given valuable service to the County and will be greatly missed by the whole of the dental staff.

Mrs. Burton resigned her post as dental attendant on 30th November, 1960.

The staff at the moment consists of four full-time dental officers, one part-time officer, a Consultant Orthodontist and a Consultant Anaesthetist.

The Consultant Anaesthetist, Dr. A. J. Smith, is a new appointment and I am pleased to report a most successful one. It has helped enormously to lighten the burden of the Dental Staff.

Clinics.

During the year a new clinic at Queens Park was opened. This has been fitted out with up to date modern equipment.

Llanrwst Clinic has been out of action during part of the year owing to a structural fault in the building itself. This has now been put right and it is hoped to have it redecorated early in the New Year.

Estimates have been prepared and it is hoped that Committee Approval will be given to the modernising of Colwyn Bay Clinic, to take place during the year, 1961. Abergele Clinic which was to have been redecorated has been held back due to the possibility that a new clinic may be built in the next year.

In conclusion, I would once again like to thank my staff for their continued help and the great interest they have displayed in their work.

A very special thank you to the various headteachers without whose whole-hearted co-operation I do not think it would be possible to carry on.

The Consultant Orthodontist reports as follows:

“ During the year the demand for Orthodontic treatment in both areas of the County has continued with the result that the waiting list has grown.

In the Colwyn Bay area, the steady flow of cases from Private Practitioners has been maintained, reflecting the difficulty that Dental Surgeons under the National Health Service have in getting Orthodontic treatment approved.

No alternative source of treatment is available since there is no Orthodontic Consultant in the Welsh Hospital Service for this area.

The acceptance of patients from Private Practitioners demands a high degree of co-operation between the referring Dentist and the Orthodontist, since it may be necessary to ask for considerable modification in what would be the normal routine maintenance in those undergoing orthodontic procedures.

Within the framework of the School Dental Service, this co-operation has been limited only by the shortage of available staff on the conservative side but it is satisfactory to be able to comment that it also is received from the Practitioners who refer their cases to this Department for treatment.

The main difficulty in receiving "outside cases" is in the amount of correspondence involved, which puts quite heavy demands on those who have reports to prepare and type.

In orthodontic treatments there are necessarily periods in which nothing active can be done, since the ordinary growth processes in the child are some times slow. It is during these periods of waiting that the continued interest and enthusiasm of both parents and patient are needed, because nothing is more trying than attending a Clinic several times and coming away with nothing apparent to show for the visit.

It is attempted in all these cases to explain to the child and parent what is happening and why the waiting period is occurring.

During the year 177 cases were commenced.

89 cases completed.

99 removable appliances were inserted.

291 fixed appliances were inserted.

14 cases treated by surgery.

13 cases regarded as being unsuitable for treatment.

Dental Inspection and Treatment carried out by the Authority.

(1)	Number of pupils inspected by the Authority's Dental Officers:—	
(a)	At Periodic Inspections	9207
(b)	At Specials	1724
	Total (1)	<u>10931</u>
(2)	Number found to require treatment	7896
(3)	Number offered treatment	7896
(4)	Number actually treated	8327
(5)	Attendances made by pupils for treatment ...	10822
(6)	Half days devoted to:—	
	Periodic Inspection	116
	Treatment	1495
	Total (6)	<u>1611</u>
(7)	Fillings:—	
	Permanent Teeth	4113
	Temporary Teeth	849
	Total (7)	<u>4962</u>
(8)	Number of teeth filled:—	
	Permanent Teeth	3804
	Temporary Teeth	849
	Total (8)	<u>4753</u>

(9) Extractions:—	
Permanent Teeth	2468
Temporary Teeth	4678
	<hr/>
Total (9)	7146
	<hr/>
(10) Administration of general anaesthetics for extraction	
	2718
	<hr/>
Total (10)	2718
	<hr/>
(11) Orthodontics:—	
(a) Cases commenced during the year	177
(b) Cases carried forward from previous year	35
(c) Cases completed during the year	89
(d) Cases discontinued during the year	13
(e) Pupils treated with appliances	267
(f) Removable appliances fitted	99
(g) Fixed appliances fitted	291
(h) Total attendances	2506
(12) Number of pupils supplied with artificial dentures	
	68
(13) Other Operations:—	
Permanent Teeth	149
Temporary Teeth	—
	<hr/>
Total (13)	149
	<hr/>

School Health Service and School Clinics

Return for 31st December, 1960

I.—Staff of School Health Service.

(excluding Child Guidance).

Principal School Medical Officer: Dr. M. T. Islwyn Jones.

Principal School Dental Officer: Mr. J. G. Roberts.

	Number	Aggregate staff in the service of the L.E.A. in terms of the equivalent number of whole-time officers.
(a) Medical Officers:		
(1) Whole-time School Health Service	—	—
(2) Whole-time School Health and Local Health Service	11	4.08
(3) General Practitioners working part-time in the School Health Service	—	—

	Number	Aggregate staff in the service of the L.E.A. in terms of the equivalent number of whole-time officers.
(b) (1) Dental Officers	6	4.54
(2) Dental Anaesthetist	1	5.40
(c) Speech Therapists	1	1
(d) (1) School Nurses	33	14.77
(2) No. of the above who hold a Health Visitor's Certificate	29	—
(e) Nursing Assistants	—	—
(f) Dental Attendants	6	5.40

11.—Number of School Clinics (i.e. premises at which Clinics are held for schoolchildren) provided by the Local Education Authority for the Medical and/or Dental Examination and Treatment of Pupils attending Maintained Primary and

Secondary Schools.

Number of School Clinics: 9.

Location of School Clinics and number and type of sessions held in each:

Clinic Location	Eye Clinic	Dental Clinic	Minor Ailment Clinic	Child Guidance Clinic	Speech Therapy Clinic
No. 1 Grosvenor Rd., Wrexham	fortnightly	twice a week	daily	—	three times a week
Gatefield, Wrexham	—	—	weekly	weekly	—
Rhos	—	daily	weekly	—	—
Cefn	—	weekly	weekly	—	—
Denbigh	fortnightly	weekly	weekly	—	twice weekly
Llanrwst	full day once a month	weekly	weekly	—	weekly
Colwyn Bay	fortnightly	weekly	weekly	twice weekly	twice weekly
Abergele	—	weekly	weekly	—	weekly
Chirk	monthly	—	weekly	—	—

III.—Type of Examination and/or Treatment provided at the School Clinics returned in Section II, either directly by the Authority or under arrangements made with the Regional Hospital Board for Examination and/or Treatment to be carried out at the Clinic.

Examination and/or Treatment	Number of School Clinics (i.e. premises) where such treatment is provided	
	Directly by the Authority	Under arrangements with Regional Hospital Board
(1)	(2)	(3)
(a) Minor ailment and other non-specialist examination or treatment	9	—
(b) Dental	8	—
(c) Ophthalmic	5	—
(d) Ear, Nose and Throat	—	—
(e) Orthopaedic	—	3
(f) Paediatric	—	—
(g) Speech Therapy	5	—
(h) Others	—	—

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